



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/775,266
		Filing Date	February 10, 2004
		First Named Inventor	Sadwick et al.
		Group Art Unit	2821
		Examiner Name	Leith A. Al Nazer
Total Number of Pages in This Submission (including this sheet)	11	Attorney Docket No.	3069.INSY.NP

ENCLOSURES (check all that apply)			
<input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Appeal Communication: <input type="checkbox"/> Appeal Notice <input type="checkbox"/> Appeal Brief <input type="checkbox"/> Reply Brief <input type="checkbox"/> Assignment with Cover Sheet <input type="checkbox"/> Certified Copy of Priority Document(s) <input checked="" type="checkbox"/> Check in the amount of \$ <u>100</u> <input type="checkbox"/> Credit card authorization in the amount of \$ <u> </u> <input type="checkbox"/> Declaration & Power of Attorney <input type="checkbox"/> Drawings <u> </u> sheets <input type="checkbox"/> Formal <input type="checkbox"/> Informal	<input type="checkbox"/> Extension of Time Request <u> </u> month <input checked="" type="checkbox"/> Fee Calculation Table <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form 1449 <input type="checkbox"/> Copies of IDS References <input type="checkbox"/> Issue Fee Transmittal & Advance Order	<input type="checkbox"/> Maintenance Fee Transmittal <u> </u> year <input type="checkbox"/> Missing Parts Response <input type="checkbox"/> Notification of Change of Attorney Address & Docket Number <input checked="" type="checkbox"/> Return Postcard <input type="checkbox"/> Revocation & Power of Attorney <input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Other: Election With Partial Traverse Preliminary Amendment	
Remarks			

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT		
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Signature		Date	08-18-05
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CERTIFICATE OF MAILING UNDER 37 CFR § 1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, on the date indicated below, in an envelope addressed to MAIL STOP AMENDMENT Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or Printed Name	Paul C. Oestreich	
Signature		
	Date	08-18-05

FEE TRANSMITTAL for FY 2005 <small>TRADE MARK</small>		Complete if Known			
		Application Number	10/775,266		
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	February 10, 2004		
		First Named Inventor	Sadwick et al.		
		Examiner Name	Leith A. Al Nazer		
TOTAL AMOUNT OF PAYMENT (\$)		(\$)	100	Art Unit	2821
				Attorney Docket No.	3069.INSY.NP

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 50-0881 Deposit Account Name: Morriss O'Bryant Compagni, PC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

<u>Fee Description</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>
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Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25
 Each independent claim over 3, or for Reissues, each independent claim more than in the original patent 200 100
 Multiple Dependent claims 360 180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
24	4	25	100	<u>Small Entity</u>

-20 or HP=

x _____

: _____

Fee (\$)

HP= highest number of totals claims paid for, if greater than 20

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
5	5	0	100

HP= highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35. U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s)

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____	-100=	/50= _____ (round up to a whole number) x _____	_____	_____

4. OTHER FEE(S)

Other: _____

Other: _____

SUBMITTED BY

Name (Print/Type)	Paul C. Destreich	Registration No.	44,983	Telephone	(801) 478-0071
Signature				Date	08-18-05